

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10553925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	4		4			
6	8		4			
7	8		4			
8	8		4			
9						
10						
11						
12						
13	4		4			
14	15		4			
15	8		4			
16	8		4			
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.		←	85	←		←
TOTAL CLAIMS		[REDACTED]	87	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←	85	←		←
TOTAL CLAIMS		[REDACTED]	87	[REDACTED]		[REDACTED]